## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINIS	TRATIVE	<b>PROCEDURES</b>	NOTICE FILING

AGENCY NAME	CONTACT PERSON TELEPHONE NUMBER								
Mississippi Department of Educ	Sonya M. Amis		601-359-9714						
ADDRESS	CITY	STATE ZIP		ZIP					
359 North West Street		Jackson		MS	39201				
EMAIL	SUBMIT	Name or number of rule(s):							
sonya@mde.k12.ms.us DATE October 22, 20		Mississippi State Board of Education Policy 2500							
Short explanation of rule/amendment									
In response to a recent review of the		ducation Policies by the Office	of Internal A	ccountability	, the following				
revisions to SBE Policy 2500 are proposed:  (1) To increase the threshold for Mississippi Board of Education approval of contracts from \$20,000 personal services cost to									
(1) To increase the threshold for N	Mississippi Board of	Education approval of contrac	ts from \$20,	000 persona	services cost to				
\$50,000 total cost (including to	avel) to align with t	the grants approval threshold,	(2) to delete	procedural:	statements, and (3)				
to move grant policies to State									
Specific legal authority authorizing the promulgation of rule: 37-1-2  List all rules repealed, amended, or suspended by the proposed rule: Mississippi State Board of Education Policy 2500									
	spended by the pro	posed rule: Mississippi State E	Board of Edu	cation Policy	2500				
ORAL PROCEEDING:	30.303.003.003.000								
An oral proceeding is scheduled fo	r this rule on Date	e:							
Presently, an oral proceeding is no	t scheduled on this	rule.							
If an oral proceeding is not scheduled, an oral p	roceeding must be held	if a written request for an oral procee	ding is submitte	ed by a political :	subdivision, an agency or				
ten (10) or more persons. The written request s	should be submitted to t	he agency contact person at the abov	e address within	n twenty (20) da	ys after the filing of this				
notice of proposed rule adoption and should inc agent or attorney, the name, address, email add	irude the name, address iress, and telephone nur	, email address, and telephone numbe mber of the party or parties you repre	er of the person sent. At any fin	(s) making the r	equest; and, if you are an				
comment period, written submissions including	arguments, data, and vi	ews on the proposed rule/amendmen	it/repeal may b	e submitted to t	he filing agency.				
ECONOMIC IMPACT STATEMENT:	I management								
Economic impact statement not re	equired for this rule	. Concise summary of e	conomic imp	oact stateme	nt attached.				
TEMPORARY RULES	PROPO	SED ACTION ON RULES	FIN	FINAL ACTION ON RULES					
			F-1	osed Rule Filed	X LL A LL I Z I L				
Original filing	Action propo	sed:	Action take						
Renewal of effectiveness	New r			✓ Adopted with no changes in text					
To be in effect in days Effective date:		ndment to existing rule(s)		Adopted with changes					
		of existing rule(s) tion by reference	Adopted by reference Withdrawn						
		al effective date:	Repeal adopted as proposed						
	¥	ys after filing	10 10 10 10 10 10 10 10 10 10 10 10 10 1		- р розос				
	Other	(specify):		days after filin	g				
Deighad				er (specify):	PARTIE AND THE PARTIE				
Printed name and Title of person a Signature of person authorized to f	ile rules:	ules: Sonya M. Amis, Direct	or, Office o	f Business S	<u>iervices</u>				
- 1	DO NOT	WRITE BELOW THIS LINE			Switch Switch				
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